



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

08/05/96

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NYR000027540
FACILITY NAME ->	E & J CLEANERS
MAILING ADDRESS ->	651 JACKSON AVE BRONX, NY 10455
INSTALLATION ADDRESS ->	651 JACKSON AVE BRONX, NY 10455

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: CARDONA, EMMA  
OWNER  
E & J CLEANERS  
651 JACKSON AVE  
BRONX, NY 10455

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91  
GSA No. 0246-EPA-07

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

AGENCY RO II

95 JUL 31 AM 10:39

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

NYR0000027540

## II. Name of Installation (Include company and specific site name)

E & D CLEANERS

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

6511 JACKSON AVE

Street (continued)

City or Town

BROOKLYN

State

ZIP Code

NY 10455

County Code

County Name

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME

City or Town

SAME

State

ZIP Code

SAME

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

SANCAR DONA

(first)

SANCAR DONA

Job Title

OWNER

Phone Number (area code and number)

718-402-5498

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

SAME

City or Town

SAME

State

ZIP Code

SAME

## VII. Ownership (See instructions)

### A. Name of Installation's Legal Owner

EMMA CARDONA

Street, P.O. Box, or Route Number

6511 JACKSON AVE

APT #2

City or Town

BROOKLYN

State

ZIP Code

NY 10455

Phone Number (area code and number)

718-402-5498

B. Land Type

☐

C. Owner Type

☐

D. Change of Owner Indicator

Yes

No

☒

(Date Changed)

Month

Day

Year

04 05 85

USPO EXPRESS MAIL

move to bin  
silene 3D

7345

2-118-56-715109

Call Kim Santony (718) 429-0657



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<input type="checkbox"/> 1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
<input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>Emma Cardon</i>	Name and Official Title (type or print) <i>Emma Cardon</i>	Date Signed <i>7/15/96</i>
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)